## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 14, 2004 08:00 AM Secretary of State

					Secretary of State			
1. Entity Nan	MENT # H59781 CHARTER CORPORATION				Secre	etary of	f State	
			- Th					
1 '		failing Address						
501 N REO: TAMPA, FL		501 N REO ST Tampa, Fl. 33609 US						
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DO NOT WOITE IN THIS COACE				03032004	No Chg-P	CR2E034	(10/03)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb 59-253			Applied For Not Applicable	
				5. Certificate	e of Status Desired		.75 Additional Required	
	6. Name and Address of Current Regis	stered Agent						
BUHLER, J.M. 4707 WEST CLEAR TAMPA, FL 33629			DO NOT WRITE IN THIS SPACE					
								8. The above the obligation
SIGNATURE.								
	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registr	red Agent signature requir	ed when reinstating)	<u>,</u>	DATE		
FILE NOW!!! FEE IS \$150.00 9. Election Ca After May 1, 2004 Fee will be \$550.00					000000112433 04/14/04-80023-008 150.00			
10.	OFFICERS AND DIRE	CTORS			-		<del></del>	
TITLE	DP							
NAME	BUHLER, J.M.							
STREET ADDRESS CITY-ST-ZIP	4707 WEST CLEAR TAMPA, FL 33629							
TITLE	17441 7, 1 L 30029							
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## TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP FITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

I.M. Ruhlen

4/9/04

813 636 9808

Daytime Phone #